

Minnesota Bureau of Criminal Apprehension

1430 Maryland Avenue East, Saint Paul, Minnesota 55106

REQUEST FOR PUBLIC GOVERNMENT DATA

Please **PRINT** all information except where a signature is required.

Description of public government data requested: _____

Time period of data requested (if applicable): _____

If the public data you are seeking is about an individual, please provide:

Name: _____

Last

First

Middle

Other names (including aliases, birth name, nicknames, maiden name, etc.): _____

Date of birth: _____

Month

Day

Year (MM/DD/YYYY)

I would like to (check one):

☐ inspect (look at) the requested data at the BCA (no charge)

☐ receive copies of the requested data (a fee may apply)

Please mail this form to: Data Practices, Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106. You may also bring the form to the BCA.

OPTIONAL CONTACT INFORMATION

The BCA cannot require you to provide identifying information when making your request but if you do not provide a way to reach you, we cannot ask any follow-up questions about your data request or let you know when the data are ready. Please provide any optional contact information below.

Name: _____

Last

First

Middle

Address: _____

Street

Apt. /Suite #

City

State

Zip Code

Email: _____

Telephone: _____